

# **ATTACHMENT A**





**ATTACHMENT**



# Georgia Secretary of State

## Brian P, Kemp

Archives • Corporations • Elections • News Room • Professional Licensure • Securities • State Capitol

### Seam

- 0. [By Business Name](#)
- 0. [By Control No](#)
- 0. [By Officer](#)
- 0. [By Registered Agent](#)
- 0. [Verify Certification](#)
- 0. [Click here to file online for:](#)
  - 1. New Limited Liability Company (LLC)
  - to New Business Corporation
  - to New Non-Profit Corporation
  - 0. New Professional Corporation PC
- 0. [Annual Registration](#)
- 0. [Annual Registration](#)
- 0. [Name Reservation](#)
- 0. [File Name Reservation](#)
- 0. [Online](#)
- 0. [Online Orders](#)
- + [Register for Online Orders](#)
- 0. [Order Certificate of Existence](#)
- 0. [Order Certified Documents](#)

### View Filed Documents

Date: 4/26/2012 (Annual Registration History etc.)

### Business Name History

Name	Name Type
ALPINE FORESTRY, LLC	Current Name

### Limited Liability Company - Domestic - Information

Control No.:	08053731
Status:	Admin. Dissolved
Entity Creation Date:	6/20/2008
Dissolve Date:	8/23/2011
Jurisdiction:	GA
Principal Office Address:	137B COMMERCE AVE., 287 Lagrange GA 30241

### Registered Agent

Agent Name:	Agent Resigned
Office Address:	No Address
Agent County:	No County

# **TATE OF GEORGIA**

**Secretary of State**

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## **CERTIFICATE, OF Administrative Dissolution/Revocation**

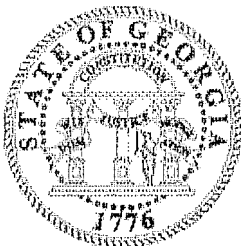
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ALPINE FORESTRY, LLC**

was mailed a notice in accordance with Title 14 of the Official Code of Georgia Annotated and was involuntarily or administratively dissolved or its certificate of authority revoked by the Office of Secretary of State on 08/23/2011 for failure to file its annual registration.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on August 23, 2011



**3**

**■ /**

Brian P. Kemp  
Secretary of State

# **ATTACHMENT C**

OMB Approval: 1205-0466  
Expiration Date: 01/31/2012

Application for Temporary Employment Certification

ETA Form 9142

U.S. Department of Labor

RECEIVED



FOREIGN LABOR  
MAIN REC CTR-CHICAGO

Please read and review the filing instructions carefully before completing the ETA Form 9142. A copy of the instructions can be found at <http://www.dhs.gov/e-verify>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, LA Li required fields/items containing an asterisk ( \* ) must be completed as well as any fields/items where a response is conditional as indicated by the section ( § ) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): \*

H-2B

B. Temporary Need Information

1. Job Title * Tree Planter (08370 SCA)																							
2. SOC (ONET/OES) code * 45-4011		3. SOC (ONET/OES) occupation title * Forest and Conservation Workers																					
4. Is this a full-time position?*		Period of Intended Employment																					
EI Yes CI No		5. Begin Date * (mm/dd/yyyy) 10/01/2012	6. End Date * (mm/dd/yyyy) 06/15/2013																				
7. Worker positions needed/basis for the visa classification supported by this application																							
<table border="1"> <tr> <td>80</td> <td colspan="3">Total Worker Positions Being Requested for Certification *</td> </tr> <tr> <td colspan="4">Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above )</td> </tr> <tr> <td>80</td> <td>a. New employment *</td> <td></td> <td>d. New concurrent employment *</td> </tr> <tr> <td></td> <td>b. Continuation of previously approved employment * without change with the same employer</td> <td></td> <td>e. Change in employer *</td> </tr> <tr> <td></td> <td>c. Change in previously approved employment *</td> <td></td> <td>f. Amended petition *</td> </tr> </table>				80	Total Worker Positions Being Requested for Certification *			Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above )				80	a. New employment *		d. New concurrent employment *		b. Continuation of previously approved employment * without change with the same employer		e. Change in employer *		c. Change in previously approved employment *		f. Amended petition *
80	Total Worker Positions Being Requested for Certification *																						
Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above )																							
80	a. New employment *		d. New concurrent employment *																				
	b. Continuation of previously approved employment * without change with the same employer		e. Change in employer *																				
	c. Change in previously approved employment *		f. Amended petition *																				
8. Nature of Temporary Need: (Choose only one of the standards) *																							
I Seasonal      O Peakload      EI One-Time Occurrence      CI Intermittent or Other Temporary Need																							
9. Statement of Temporary Need *																							
<p>Alpine Forestry is a reforestation company that provides various reforestation services to companies and private landowners in the Southeastern United States. Our contracts begin in October this season and end in mid-June. We do not employ during July-August-September due to the seasonality of the reforestation work we do and the region in which we hold contracts; both of these factors determine our date of need. Reforestation activities include performing manual labor necessary to maintain and develop woodlands, including the hand planting of tree seedlings using a dibble bar and/or planting tool, as well as other related activities. The work is strenuous and involves walking long distances over rough terrain in various weather conditions in extreme temperatures. Reforestation is done in direct correlation to the growth and dormancy cycles of seedlings, trees and other vegetation. These cycles are predictable and recurring in nature. Our contracts with landowners and forest managers therefore create a higher demand for reforestation services during the period of October to mid-June. Depending on contracts, we end in mid-May or mid-June, this season it is mid-June. To meet this seasonal demand contracts, we need additional workers over what we requested last season. These workers are temporary, yet full-time during our season.</p>																							



Everything blackened  
has been redacted  
under exemption #6

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ETA Form 9142  
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### C. Employer Information

**Important Note:** Enter the full name of the Individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
Alpine Forestry, LLC		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1" 137 B Commerce Ave		
4. Address 2 287		
5. City ' LaGrange	6. State GA	7. Postal Code 30241
8. Country * USA	9. Province	
10. Telephone Number 706-675-1611	11. Extension N/A	
Employer Identification Number ( FEIN from IRS)		13. NAICS code (must be at least 4-digits) * 115310
14. Number of non-family full-time equivalent employees 2	15. Annual gross revenue	16. Year established 2008
17. Type of employer application (choose only one box below) *		
<input type="checkbox"/> Lg Individual Employer <input type="checkbox"/> El H-2A Labor Contractor or Job Contractor <input checked="" type="checkbox"/> Association - Sole Employer (H-2A only) <input type="checkbox"/> El Association - Joint Employer (H-2A only) <input type="checkbox"/> fj:1 Association - Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) "
Woods	Brandy	
4. Contact's job title " HRM		
5. Address 1* 137 B Commerce Ave		
6. Address 2 287		
7. City * LaGrange	8. State * GA	19. Postal code * 30241
10. Country * USA	11. Province	
12. Telephone number * 706-675-1611	13. Extension	14. E-Mail address <a href="mailto:alpineforestryllc@hotmail.com">alpineforestryllc@hotmail.com</a>

Everything blackened  
has been redacted  
under exemption #6

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E. Attorney or Agent Information (If applicable)

I. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E.*		IZI Yes <input type="radio"/> No <input type="radio"/>
2. Attorney or Agent's last (family) name § Newton	3. First (given) name § Nicole	4. Middle name(s) §
5. Address 1 § 1137 N. 3rd Street		
6. Address 2		
7. City § Coeur d'Alene	8. State § ID	9. Postal code § 83814
10. Country § USA	11. Province	
12. Telephone number § 208-777-2654	13. Extension	14. E-Mail address nicole <a href="mailto:laborci.com">laborci.com</a>
15. Law firm/Business name § Labor Consultants International		16. Law firm/Business FEIN §
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §
19. Name of the highest court where attorney is in good standing (only if attorney) §		

F. Job Offer Information

a. Job Description

1. Job Title * Tree Planter (08370 SCA)	
2. Number of hours of work per week Basic*: 35 Overtime: 10	3. Hourly Work Schedule' A.M. (h:mm) 800 P.M. (:mm)' 4:00
4. Does this position supervise the work of other employees?*	4a. If yes, number of employees worker will supervise (if applicable) §
5. Job duties - A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. " Temporary Position Possible hours: 35-45 hours per week Tree Planting Only Multiple times all day: Dig holes, place seedling tree without J or U root, pack soil to secure seedling using hand planting tool and other related forestry activities as per SOC/OES 45-4011 (onetonline.org ). Tools provided. Extensive travel required all areas for full contract in AL-GA-TN-KY-MD-PA-NC-VA-LA-MS-SC-TX. Extensive walking up to 15-miles per day also stooping, and bending while carrying a up to a 60 lb pack through rough terrain (non-trail). Required to show proof of legal authority to work in U.S.	

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• F. Job Offer Information (continued)

b. Minimum Job Requirements:

1. Education: minimum U.S. diploma/degree required *	
EA None <input checked="" type="checkbox"/> High School/GED <input checked="" type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input checked="" type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employee require a second U.S. diploma/degree?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of training required § (may list more than one related field and more than one type)
4. Is employment experience required? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §
N/A	N/A
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity.* Extensive walking (15 miles daily), stooping, bending while carrying a 60lb pack all day. Required to show proof of legal authority to work in U.S..	

c. Place of Employment Information:

1. Worksite address 1* 37 Camden Bypass Highway 10 (report to work)	
2. Address 2	
3. City" Camden	4. County" Wilcox
5. State/District/Territory" AL	6. Postal code* 36726
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to continue and complete a listing of all anticipated worksites. § Multiple areas as follows: AL: Bibb, Marshall, Jackson, Clarke, Monroe, Franklin, Lawrence, Choctaw, Covington, Sumter, Shelby, Cherokee. GA: Troup, Burke, Wilcox, Turner. KY: Adair. LA: East Feliciana, West Feliciana, Evangeline, Livingston. MD: Washington MS: Pontotoc, Calhoun, Yalobusha, Marshall, Lee. NC: Craven, Yadkin, Stokes, Rockingham, Beaufort, Surry. PA: Huntingdon, Perry. SC: McCormick, Allendale, Bamberg, Colleton, Marlboro, Kershaw, Fairfield, Aiken. TN: Franklin, Hickman, Perry, Wayne, Lawrence. TX: Galveston, Brazoria, Fort Bend. VA: Roanoke, Giles, Montgomery Prince William, Patrick, Carroll.	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) §	
From: \$ 10.40	To (Optional): \$	From: \$ 15.60	To (Optional): \$
2 Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a, If Piece Rate is indicated in question 2, specify the wage offer requirements: §			
3. Additional Wage Information (e.g. multiple worksite applications, itinerant work or other special procedures). If necessary, add attachment to continue and complete description. § Variable weather conditions apply; hours may fluctuate, possible downtime.			

**H. Recruitment Information**

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
Alabama Job Link		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order *
859477	07/17/2012	07/30/2012
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment?*		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment) *		Dates of Print Advertisement *
4. Daily Mountain Eagle (Thursday)		From: 07/26/2012 To: 07/26/2012
5. Daily Mountain Eagle (Sunday)		From: 07/29/2012 To: 07/29/2012
6. Additional Recruitment Activities. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description.*		
<p>Alpine Forestry, LLC has complied with all State and Federal Dept. of Labor regulations in regard to the H-2B positive recruitment process. A job order opened with Alabama Job Link on 7/17/2012 and closed on 7/30/2012. Advertisements ran in the Daily Mountain Eagle (Thursday) on 7/26/2012 and in the Daily Mountain Eagle (Sunday) on 7/29/2012. All sources of recruitment yielded 5 referrals. Results are enclosed. At this time 3 has/have agreed to accept the offered position.</p>		

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**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will abide by certain terms, assurances and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix A.2 or Appendix B.1 will be considered incomplete and not accepted for processing by the ETA application processing center

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix A.2. §	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix 8.1. §	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

**J. Preparer**

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent of this application).

1. Last (family) name §	2. First (given) name §	3. Middle initial §
4. Job Title §		
5. Firm/Business name §		
6. E-Mail address §		

**K. U.S. Government Agency Use (ONLY)**

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Department of Labor, Office of Foreign Labor Certification

\_\_\_\_\_  
Determination Date (date signed)

\_\_\_\_\_  
Case number

\_\_\_\_\_  
Case Status

**L. OMB Paperwork Reduction Act (1205-0455)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101 (a)(15)(H)(i)). Public reporting burden for this collection of information is estimated to average 1 hour per response for H-2A and 2 hours 45 minutes for H-2B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor " Room C4312 \*200 Constitution Ave., NW\* Washington, DC " 20210. Do NOT send the completed application to this address.

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## Application for Temporary Employment Certification

ETA Form 9142 - APPENDIX B.1

U.S. Department of Labor



For Use in Filing Applications Under the F1-2B Non-Agricultural Program ONLY

### A. Attorney or Agent Declaration

*I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142, and that (have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).*

1. Attorney or Agent's last (family) name Newton	2. First (given) name Nicole	3. Middle Initial
4. Firm/Business name Labor Consultants International		
5. E-Mail address <a href="mailto:nicole@laborci.com">nicole@laborci.com</a>		
6. Signature		7. Date signed 09/24/2012

### B. Employer Declaration

*By virtue of my signature below, (HEREBY CERTIFY the following conditions of employment:*

1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation 20 CFR 655, Subpart A.
5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the Application for Temporary Employment Certification in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that is offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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## Application for Temporary Employment Certification

### ETA Form 9142 - APPENDIX B.1

U.S. Department of Labor

9. The employer and its agents and/or attorneys have not sought or received payment of any kind from employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
10. Unless the H-2B workers is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and OHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
  - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
  - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142 to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. / *understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001)*

1. Last (family) name Woods	2. First (given) name Brandy	3. Middle Initial
4. Title HRM		
5. Signature <i>Brandy Woods</i>		6. Date signed 09/24/2012